

# LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

A25

Lobbyist's Registration Number

## Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY

Postmark Date: 1/3/02

1020017

1. NAME Bailey, Jr. Idonel F.  
Last First MI

2. BUSINESS PHONE 225-763-6222

3. BUSINESS ADDRESS 10621 North Oak Hills Pkwy., Suite B, Baton Rouge, LA 70810  
Street and No. City State Zip

MAILING ADDRESS same as above  
Street and No. City State Zip

4. EMPLOYER Idonel F. Bailey, AIA, Architect

5. EMPLOYER'S ADDRESS same as above  
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes XX No

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name AIA Louisiana, the Louisiana Architects Association  
Address 521 America Street, Baton Rouge, LA 70802  
Business or purpose To promote quality architectural services

☐ New Representation  
Does this person pay you? No

If No, who pays you? I am a volunteer and a self-employed architect

☐ Terminated Representation as of 12-01-01

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Lobbyist's Registration Number

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation

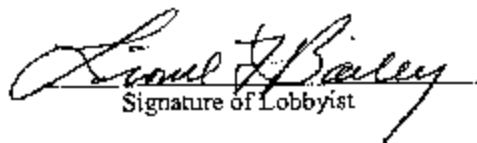
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

  
Signature of Lobbyist